

Freshwater Jellyfish Sightings Form

Your Name:

Phone Number:

E-mail:

Locational Information

Waterbody:

This is a:

- ☐ Natural lake or pond (no dam)
- ☐ Natural lake or pond (with a dam)
- ☐ Reservoir (a dammed part of a river)
- ☐ River
- ☐ Other: _____
- ☐ Unknown/not sure

Town:

County:

Date:

Time:

Directions to the site:

Weather conditions at time of observation (check all that apply):

- ☐ Sunny
- ☐ Cloudy
- ☐ Windy
- ☐ Rainy

Approximate water temperature at time of observation:

- ☐ 31-40°F
- ☐ 41-50°F
- ☐ 51-60°F
- ☐ 61-70°F
- ☐ 80°F+

Species Information

Approximate number of jellyfish:

Other Information

Did you see them on more than one day?

- ☐ Yes
- ☐ No

If Yes, how many days did you see them?

- ☐ 2 to 5 days
- ☐ 1 week
- ☐ 1 to 2 weeks
- ☐ more than 2 weeks

Can we contact you next year to find out if you see them again?

- ☐ Yes
- ☐ No

You can submit this form via [e-mail \(watershed@des.nh.us\)](mailto:watershed@des.nh.us) or print a PDF version and send it to:

NH Dept of Environmental Services
ATTN: Limnology Center
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